Name in Full: Fardrick J. Adams.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hoffman — County: Allegany

Date of death: Month: Aug — Day: 31st — 1904

Age: Years: Sixty. — Months: 1. — Days: 22.

Sex: Male

Color or Race: White.

Birthplace: Indiana County, Pennsylvania

Occupation: Fireman

Where Residing if not at place of death: ✓

Married, Single or Widowed: Married

Name of Wife or Husband: Mary Adams

Father's Name: John Adams

Father's Birthplace: Pennsylvania

Mother's Maiden Name: Susie Browns

Mother's Birthplace: Pennsylvania

Name of person giving Information: F. J. Brode

How related to deceased: Brother-in-law.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hamorrhage 64

How long: Six hours

Immediate: Hemiplegia

How long: Six hours.

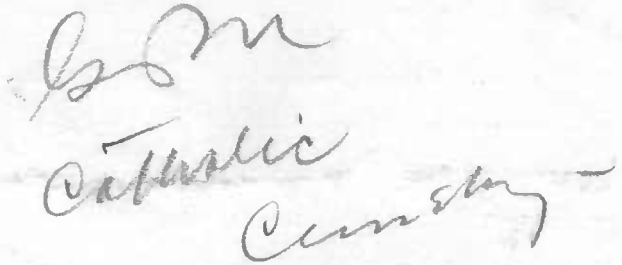
Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. H. Johnson.

Address: Vale Summit Md.

Accident or Suicide? X

LIBRARY BUREAU A6881G



Name in Full: Hellen Catherine Allen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904; Month: August; Day: 6; Age: Years: ; Months: 7; Days:

Sex: Female; Color or Race: White; Birthplace: Cumberland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Allen

Father's Birthplace: Cumberland

Mother's Maiden Name: Amanda Bennett

Mother's Birthplace: Cumberland

Name of person giving Imformation: Wm. Allen

How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Summer complaint — How long: 6 Weeks

Immediate: Exhaustion — How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Burbridge

Address: Cumberland.

Accident or Suicide? X

LIBRARY BUREAU A88516

Name in Full: Noah Bailey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland; County: Allegany

Date of death: Month: Aug; Day: 2; Years: 1904; Age: 23; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: W. Va.

Occupation: Carpenter; Where Residing if not at place of death: Keyser W. Va.

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Henry Bailey; Father's Birthplace: —

Mother's Maiden Name: ; Mother's Birthplace: —

Name of person giving information: Boss Carpenter; How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy; How long: Immediate

Immediate: —; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Spear.

Address: Cumberland Md

[redacted]

LIBRARY BUREAU A88516

Name in Full: Joshannan Baldwin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 190 4 — Month: aug. — Day: 25 — Age — Years: 1 — Months: 2 — Days: 23

Sex: Female — Color or Race: White — Birthplace: Cumberland

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: John Baldwin — Father's Birthplace: Cumberland

Mother's Maiden Name: Julia Develhouse — Mother's Birthplace: Cumberland

Name of person giving In formation: Mr. Ranpan — How related to deceased: friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Scalding — How long: —

Immediate: Shock — How long: half Hour

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F L Barbdale

Address: cumberland Md

Accident or ~~Suicide~~? accident

LIBRARY BUREAU A88518

Name in Full: Margrett Jane Barnard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904 Month: Aug Day: 11

Age: Years: 37 Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: Allegany County

Occupation: Wife

Where Residing if not at place of death: —

Married, Single or Widowed: maried

Name of Wife or Husband: J E Barnard

Father's Name: John Flegle

Father's Birthplace: md

Mother's Maiden Name: Mary "

Mother's Birthplace: md

Name of person giving Information: J E Barnard

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Puerperal Sepsis due to Pyosalpinx

How long: 6 weeks

Immediate: Exhaustion

How long: few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Lochman

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: George Barnhouse

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cum — County: Alle

Date of death: 1904 — Month: 8 — Day: 31 — Age: Years: 16 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: John Barnhouse — Father's Birthplace

Mother's Maiden Name: dead — Mother's Birthplace

Name of person giving Information: 166 — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Concussion of brain — How long: 5 Days

Immediate: Coma — How long: 5 Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Wailes

Address: Cumberland Md

Accident or Suicide? Accident

Per Geo Fry

LIBRARY BUREAU

Name in Full: Elmer E Bartholow

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Emmo — County: Allegany

Date of death 1904 — Month: 8 — Day: 27 — Age — Years: 4 — Months: 4 — Days: 25

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Elmer Bartholow — Father's Birthplace

Mother's Maiden Name: Bessie Davis — Mother's Birthplace

Name of person giving Information: Elmer Bartholow — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accident Drowned — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~

Address: D. E. Wiel Coroner

Accident or Suicide? Accident

LIBRARY BUREAU A66616

Name in Full: Marble Viola Beck

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cap — County: Alle

Date of death 1904 — Month: 8 — Day: 20 — Age: Years — Months: 6 — Days: 2

Sex: Female — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jams Beck — Father's Birthplace

Mother's Maiden Name: Nelly Robinett — Mother's Birthplace

Name of person giving Information: Jams Beck — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Dr Woodward

Signature of Physician: T B McDonald

Address: Pemberton Md

Accident or Suicide?

X

LIBRARY BUREAU A86619

Name in Full: Daniel S. Bennett.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany.

Date of death: 1904 — Month: 8 — Day: 31

Age — Years: — Months: 3 — Days: 17

Sex: M. — Color or Race: W. — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: L. M. Bennett — Father's Birthplace: Md

Mother's Maiden Name: Mary Llewyn — Mother's Birthplace: Wales

Name of person giving Information: " " — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus. — How long:

Immediate: — How long: 3 Mo's

PHYSICIAN OR CORONER

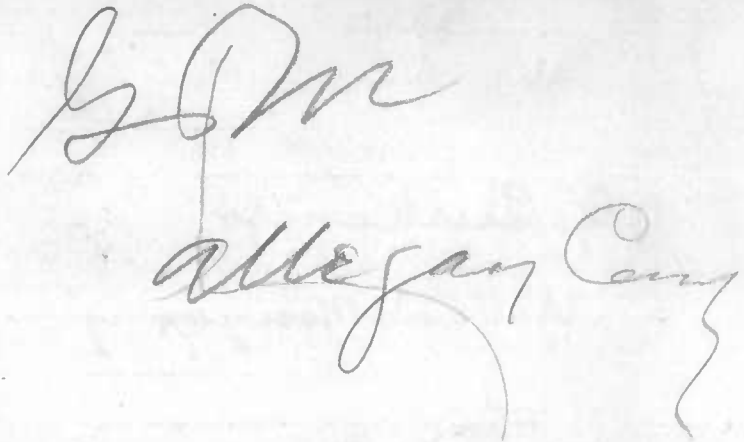
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D W McLane

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A68016



Name in Full: Myrim E. Bierkamp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegheny

Date of death: 1904; Month: August; Day: 22; Years: Age 0; Months: 0; Days: 29

Sex: Female; Color or Race: White; Birth-place: City

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: E. G. Bierkamp

Father's Birthplace: Mansfield

Mother's Maiden Name: Anna Montgomery

Mother's Birthplace: Cumberland

Name of person giving Imformation: William Montgomery

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus

How long: 3 weeks

Immediate: exhaustion

How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. L. Burkdoll

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full Thomas Bierspool

CERTIFICATE OF DEATH

W. Va. MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Piedmont — County: Mineral

Date of death 190 4 — Month: 8 — Day: 15 — **Age** — Years: 67 — Months: 2 — Days: 3

Sex: Male — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Married — Occupation: Silversmith

Name of Wife or Husband: Thomas Bierspool

Father's Name: — — Father's Birthplace: Ireland

Mother's Maiden Name: — — Mother's Birthplace: Do

Name of person giving information: Catharine Bierspool — How related to deceased: Wife.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Cystitis — How long: 6 weeks

Immediate: Toxemia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. Abbott.

Address: Piedmont.

Accident or Suicide?

LIBRARY BUREAU A55616

Name in Full: William Floyd Bobo

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westernport — County: Allegany

Date of death 1904: Month: 8 — Day: 18

Age: Years: 1 — Months: 11 — Days: 3

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: ✓ — Occupation: ✓

Name of Wife or Husband: ✓

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John William Bobo — Father's Birthplace: W. Va.

Mother's Maiden Name: Ida Spriggs — Mother's Birthplace: Md

Name of person giving Information: John William Bobo — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dys Colitis — How long: Two weeks.

Immediate: Spinal Meningitis — How long: 4 days.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. L. Wilson M.D.

Address: Piedmont W. Va.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Infant Brodie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lonaconing County: Allegany

Date of death 1904: Month: Aug Day: 24 Age — Years Months: 16 Days —

Sex: Female Color or Race: White Birthplace: Gilmore

Married, Single or Widowed? Occupation:

Name of Wife or Husband:

Father's Name: Andrew Brodie Father's Birthplace: Scotland

Mother's Maiden Name: — McKinnon Mother's Birthplace: "

Name of person giving information: Mrs. Brodie How related to deceased: Mother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera-infantum How long: 4 days.

Immediate: Meningitis (Cerebral) How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Skillen

Address: Lonaconing.

Accident or Suicide? No

LIBRARY BUREAU A86516

Name in Full: Robert Henry Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death 1904: Month: August — Day: 12 — Age: Years: 1 — Months: 5 — Days: 21

Sex: Male — Color or Race: White — Birthplace: Cumberland Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Thomas E Brown — Father's Birthplace: Md

Mother's Maiden Name: Grace G Hensel — Mother's Birthplace: Md

Name of person giving Information: Father — How related to deceased: Father

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CAUSES OF DEATH

Primary: Pneumonia — How long: 2 weeks

Immediate: Exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo L. Broadrup

Address: Cumberland Md

Accident or Suicide? No

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A68516

Name in Full: Thomas B. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd — County: Alleg

Date of death: Month: Aug — Day: 23 — 1904

Age: Years: 72 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: Pa

Occupation: Livery — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband:

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Dead — Mother's Birthplace:

Name of person giving In formation: Mrs Thomas Brown — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of Stomach — How long: Several months

Immediate: Exhaustion — How long: few days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. B. Lochtman

Address: Cumberland Md

Accident or Suicide?

Lochtman

LIBRARY BUREAU A66618

Name in Full: Mrs Caroline Carperline

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: Month: aug — Day: 3 — Year: 1904 — Age: Years: 67 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Dead — Mother's Birthplace:

Name of person giving In formation: Mrs Konnumsf — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach — How long: Many months

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Jones Wilson

Address: Cumberland Maryland

Accident or Suicide?

LIBRARY BUREAU A8851G

Name in Full: Lela May Cave

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: 1904 — Month: August — Day: 6 — Age — Years: * — Months: 6 — Days: 6

Sex: Female — Color or Race: White — Birthplace: Cumberland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Mose Cave — Father's Birthplace: Cumberland

Mother's Maiden Name: Sebrela McKenny — Mother's Birthplace: Winchester

Name of person giving Imformation: Nora Kane — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 2 Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. G. Barksdale

Address: Cumberland

Accident or Suicide?

LIBRARY BUREAU A88916

Name in Full: Adolph Cavro.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death: Month: Aug – Day: 28 – Year: 1904

Age: Years: 4 Months: 7 Days: —

Sex: Male

Color or Race: Colored

Birthplace: Frostburg.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Willis Cavro.

Father's Birthplace: Va

Mother's Maiden Name: Martha Fletcher

Mother's Birthplace: Md

Name of person giving Information: Willis Cavro

How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum 105 — How long: 2 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. W. C. Price.

Address: Frostburg Md.

Accident or Suicide?

LIBRARY BUREAU

7.9.0.

Name in Full: Gertie E Clark

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland; County: Allegany

Date of death 1904: Month: Aug; Day: 19; Age: Years: 13; Months: ; Days:

Sex: Female; Color or Race: Black; Birthplace: Cumberland

Married, Single or Widowed: Single; Occupation:

Name of Wife or Husband:

Father's Name: Chas Clark; Father's Birthplace: Maryland

Mother's Maiden Name: Emma [illegible]; Mother's Birthplace: Virginia

Name of person giving Information: Mother; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Jaundice; How long: Two weeks

Immediate: Gen. Exhaustion; How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. L. Tompkins

Address: 63 N. Mechanic

Accident or Suicide:

LIBRARY BUREAU A88816

Name in Full: John James Connor.

CERTIFICATE OF DEATH

MARYLAND.

Died at: Town: Eckhart Mines; County: Allegany

Date of death 1904: Month: Aug:; Day: 1st

Age: Years: 4; Months: ; Days: 1

Sex: Male; Color or Race: White; Birthplace: Keyser W. Va.

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Thomas Connor; Father's Birthplace: W. Va.

Mother's Maiden Name: Dorphina Smith; Mother's Birthplace: W. Va.

Name of person giving information: Thos. Connor; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diphtheria; How long: 14 Days.

Immediate:; How long:

Are the name, age, sex, color, date and place correctly given above?

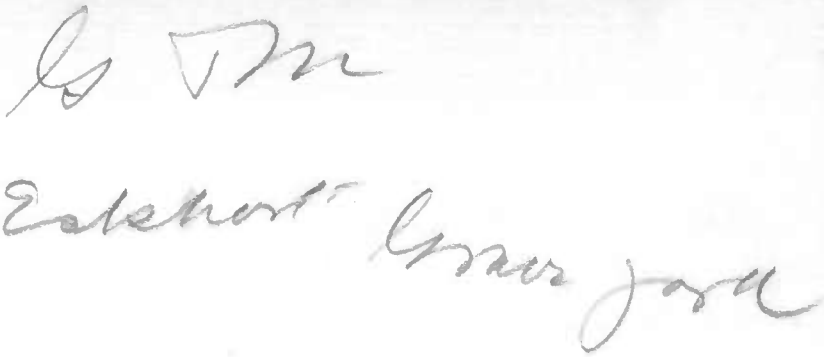
Signature of Physician: B. M. Cromwell.

Address: Eckhart Mines Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516



Name in Full: Edgar Allen Crable

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Barton — County: Allegany

Date of death 1904: Month: Aug — Day: 17

Age: Years — Months: 4 — Days: 24

Sex: Male — Color or Race: White — Birthplace: Alley Co

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Frank Crable — Father's Birthplace: Belfast Co Pa

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Frank Crable — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: one week

Immediate: — — How long: —

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PHYSICIAN OR CORONER

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician: A. A. Boucher

Address: Barton Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Earl Fourner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd County: Allg

Date of death	Month	Day	Years	Months	Days
190 4	Aug	9	Age —	2	—

Sex	Color or Race	Birthplace
male	W	Md

Occupation: none

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name	Chas E Fourner	Father's Birthplace	Md
Mother's Maiden Name	Estella Ways	Mother's Birthplace	Md
Name of person giving information	J C Woolford	How related to deceased	Undertaker

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Indigestion	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo Wilson

Address: [redacted]

Accident or Suicide?

J J Weiss

LIBRARY BUREAU A88516

Name in Full: Gottlieb Goetz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Savage — County: Allegany

Date of death 1907: Month: Aug — Day: 25 — Age: Years: 71 — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace: Germany

Married, ~~Single or Widowed~~: Married — Occupation: Carpenter

Name of Wife or ~~Husband~~: Anna Maria Goetz

Father's Name: Goetz — Father's Birthplace: Germany

Mother's Maiden Name: Harry — Mother's Birthplace: Germany

Name of person giving In formation: Charles Goetz — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 4 weeks

Immediate: Hypostatic Congestion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Allan J. Murray M.D

Address: Mt Savage Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Bruce W. Grove

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frostburg; County: Allegany; MARYLAND

Date of death 1904: Month: Aug; Day: 26

Age: Years: 68; Months: 6; Days: 4

Sex: Male

Color or Race: White

Birthplace: Strasburg Pa

Occupation: Painter

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Ella Grove

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: John O. Hawkins

How related to deceased: Son-in-law

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Myocarditis

How long: Several years

Immediate: Emphysema Rheumatism & Cardiac failure

How long: Two suddenly

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C Coley

Address: Frostburg Md

Accident or Suicide? No

LIBRARY BUREAU ABBOTS

1870

Allegany County -

Name in Full: Miss Rebecca Hausman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumb — County: Allegany

Date of death 1904 — Month: aug — Day: 3 — Age — Years: — Months: one — Days:

Sex: Female — Color or Race: white — Birthplace: Cumberland Md

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Jacob Hausman — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

105

CAUSES OF DEATH

Primary: Ent. colitis — How long: 3 days

Immediate: & convulsions — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. H. Lamb, MD

Address: Cumberland Md

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Grahamtown — County: Allegany

Date of death: Month 8 Day 12 1904 — Age: Years — Months 6 — Days

Sex: ♂ — Color or Race: W. — Birthplace: Md

Occupation: C — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Richard J. Hawkins — Father's Birthplace: Md

Mother's Maiden Name: Hanna — Mother's Birthplace: Md

Name of person giving Information: 105 — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chlorea Infantum — How long: 5 Days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. M. Lane M. D.

Address: Frostburg Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

F F Hund

Name in Full: Jeremiah Hoskins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death 1904: Month: May; Day: 25

Age: Years: 5; Months: 3; Days: 16

Sex: Male; Color or Race: White; Birthplace: Frostburg Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Bessie May Hoskins

Mother's Birthplace: Frostburg Md

Name of person giving Information: A B Gordon

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Insanitis

How long: 1 week

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C Coley

Address: Frostburg Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88616

Allegany County

Name in Full: Ralph Jobson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Barton — County: Allegany

Date of death 1904: Month: Aug — Day: 23 — Age: Years: 2 — Months: 2 — Days: 1

Sex: Male — Color or Race: White — Birthplace: Barton

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Wm Jobson — Father's Birthplace: England

Mother's Maiden Name: Hester Langham — Mother's Birthplace: Alleg. Co Md

Name of person giving information: Hester Jobson — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Colitis — How long: two days

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. H. Boucher

Address:

Accident or Suicide?

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LIBRARY BUREAU A86316

Name in Full: James Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: Aug — Day: 7 — Years: 82 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Unknown

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Himself — How related to deceased: —

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma — How long: Several years

Immediate: Suffocation — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J M Sprea

Address: Cumberland

~~Accident or Suicide?~~

LIBRARY BUREAU A66516

Name in Full: Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: Month: Aug — Day: 3 — 1904

Age — Years: — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Cumbd

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Johnson — Father's Birthplace:

Mother's Maiden Name: Laura " — Mother's Birthplace:

Name of person giving Information: Samuel Johnson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero Colitis — How long: 1 month

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J W Lachmund

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Harvey Lauey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Longs Post Office; County: Allegany

Date of death 1904: Month: Aug; Day: 18; Age: Years: 53; Months: 3; Days: —

Sex: Male; Color or Race: White; Birthplace: Cumberland Md

Occupation: Druggist; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert Lauey; Father's Birthplace: Md

Mother's Maiden Name: Margret Deetz; Mother's Birthplace: Md

Name of person giving Information: Mrs Spear; How related to deceased: none

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Progressive Paralysis; How long: 10 years

Immediate: Heart failure; How long: 5 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Spear.

Address: Cumberland, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88918

Name in Full: Jeremiah Leasure

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Alleg.

Date of death: 1904 — Month: Aug — Day: 6 — Age: Years: 68 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: MD

Occupation: Blacksmith — Where Residing if not at place of death: —

Married, Single or Widowed: Marr — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Mrs Leasure — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: 5 days

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: O. H. Bracey, M D.

Address: Cumbd MD

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: infant of Charles N. Linn

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: 8 — Day: 28

Age — Years: — Months: — Days: 3

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Charles N Linn — Father's Birthplace: Md

Mother's Maiden Name: Minnie Miller — Mother's Birthplace: Md

Name of person giving Information: Charles Linn — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth 8th month — How long: During life

Immediate — How long:

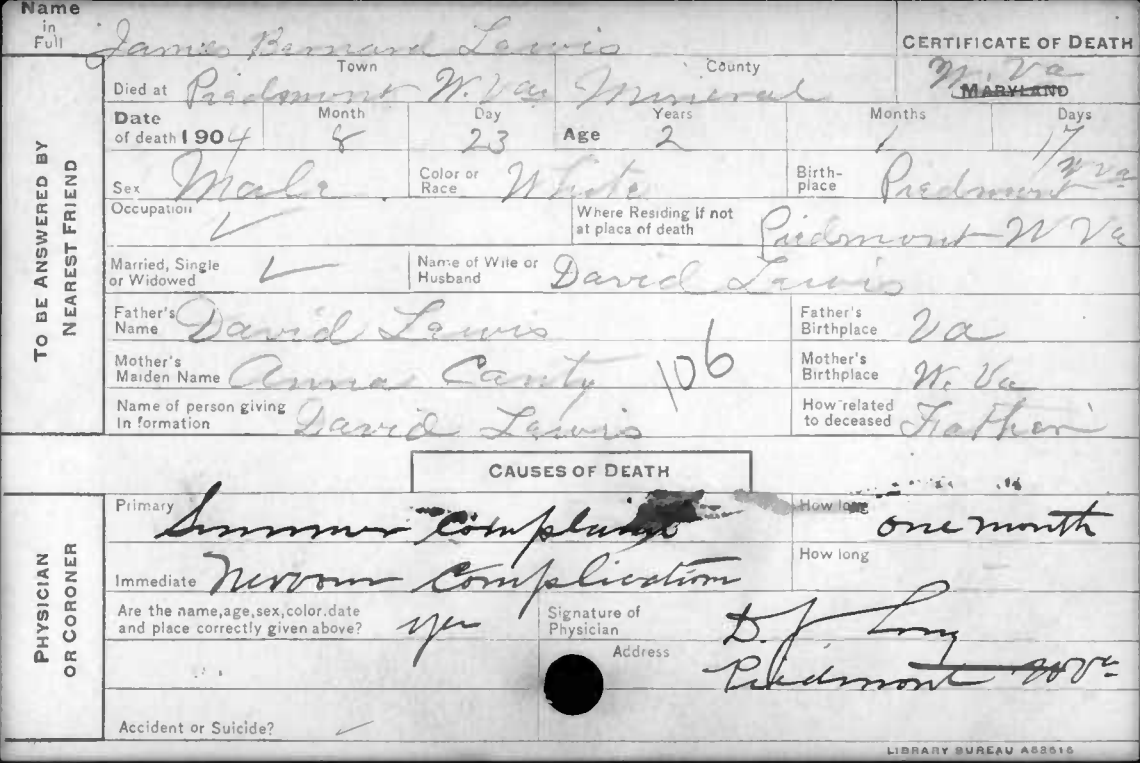
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. W. Lochman

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88816



Name in Full: James Bernard Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Piedmont W. Va. County: Mineral

Date of death: Month: 8 Day: 23 1904 Age: Years: 2 Months: 1 Days: 17

Sex: Male Color or Race: White Birthplace: Piedmont W. Va.

Occupation: ✓ Where Residing if not at place of death: Piedmont W Va

Married, Single or Widowed: ✓ Name of Wife or Husband: David Lewis

Father's Name: David Lewis Father's Birthplace: Va

Mother's Maiden Name: Anna Canty 106 Mother's Birthplace: W. Va

Name of person giving Information: David Lewis How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Summer Complaint How long: one month

Immediate: Nervous Complication How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. J. Long

Address: Piedmont W Va

Accident or Suicide? ✓

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Benjamin Little.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd. County: Allegany

Date of death: 1904 Month: Aug Day: 30 Age: Years: 16 Months: — Days: —

Sex: Male Color or Race: White Birthplace: Cumb'd.

Occupation:

Where Residing if not at place of death:

~~Married~~, Single or Widowed:

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dead. Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: George H Little 74 How related to deceased: Brother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abcess of the Brain How long: 1 wk.

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. J. Noailles & Haile per Fastern

Address:

Accident or Suicide?

LIBRARY BUREAU A86516

14 Cecelia St.

Name in Full: Wm L. Lodgson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellerslie — County: Alleg.

Date of death 1904: Month 8 — Day 8 — Age: Years 28 — Months 11 — Days 25

Sex: Male — Color or Race: White — Birthplace: Corriganville Md

Married, Single or Widowed: Married — Occupation: Laborer

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband: William L. Lodgson

Father's Name: Lary Lodgson — Father's Birthplace:

Mother's Maiden Name: Manera Taylor — Mother's Birthplace:

Name of person giving information: wife — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 18 days

Immediate: Perforation — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Leon L. Smith

Address: Ellerslie Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Ann Nicholson Long

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ridgely; County: Kinsal

Date of death: Month: aug; Day: 21; 1904; Age: Years: 80; Months; Days

Sex: Male; Color or Race: White; Birthplace

Occupation: Boatsman; Where Residing if not at place of death: Ridgely

Married, Single or Widowed; Name of Wife or Husband: Margant

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information: Mrs Margant Long; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy; How long: 8 days

Immediate: [illegible]; How long: [illegible]

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Riley

Address: Greenwood Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Francis Lynch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Savage — County: Allg

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Aug	Day: 16	Age: Years: 19	Months: 3	Days: —
Sex: Male	Color or Race: White		Birthplace: Md. S—		
Occupation: Miner	Where Residing if not at place of death: —				
Married, Single or Widowed: —	Name of Wife or Husband: —				
Father's Name: George Lynch			Father's Birthplace: Md. S—		
Mother's Maiden Name: Sarah Rizer			Mother's Birthplace: Md S—		
Name of person giving In formation: Sarah Lynch			How related to deceased: Mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 3 weeks & 2 days

Immediate: Intestinal Hemorrhage — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr F. L. Conroy

Address: Mt Savage Md

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Mrs Mary Ann Lynch

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Savage — County: Allegany

Date of death 190 — Month: Aug — Day: 16 — Years: 74 — Months: — Days: —

Age

Sex: Female — Color or Race: White — Birthplace: England

Married, Single or Widowed

Occupation: Housewife

Name of Husband: Michael Lynch

Father's Name: Evans — Father's Birthplace: England

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Thos. F. Mor[illegible] — How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage & Strokes — How long: 6 mos.

Immediate: Paralysis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas Durst M.D.

Address: Mt. Savage Md

Accident or Suicide? —

LIBRARY BUREAU A66516

Name in Full: Chas E. Mc Kenzie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumbd. County: Allegany

Date of death: Month: Aug. Day: 6 1904

Age: Years: — Months: 4 Days:

Sex: Male Color or Race: White Birthplace:

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband: —

Father's Name: C J Mc Kenzie. Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: C J Mc Kenzie How related to deceased: Father.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion How long: From birth

Immediate: Trauma How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M C O'Hodgson

Address: Cumberland Md

Accident or Suicide? Hodgson Md

LIBRARY BUREAU A6B016

Name in Full: Paul Marsh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Borden mine — County: allegany

Date of death 1904 — Month: 8 — Day: 28 — Age — Years: — Months: 3 — Days: —

Sex: Male — Color or Race: White — Birthplace: U. S.

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: George Marsh — Father's Birthplace: Italy

Mother's Maiden Name: Mary Penellesi — Mother's Birthplace: Italy

Name of person giving information: Father — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 3 months

Immediate: cholera infantum — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: Thomas D Mosely

Address: Frostburg, Md.

Accident or Suicide?

LIBRARY BUREAU A86516

J J x Und 6e

Name in Full: Mrs Ida Martin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumbd. — County: Allegany

Date of death: 1904 — Month: Aug — Day: 4 — Age: Years 37 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace

Occupation: Housewife — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Benj Martin

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Benj Martin — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: about three years

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Howard Lewis

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Margret Jane Meagher

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Borden Shaft — County: Allegany

Date of death: Month 8 Day 2 1904 — Age: Years 1 Months 3 Days 0

Sex: F. — Color or Race: W. — Birthplace: Pa

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Meagher — Father's Birthplace: Md

Mother's Maiden Name: Jane Meagher — Mother's Birthplace: Md

Name of person giving information: Sister. — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Tuberculosis Meningitis — How long: 10 Days

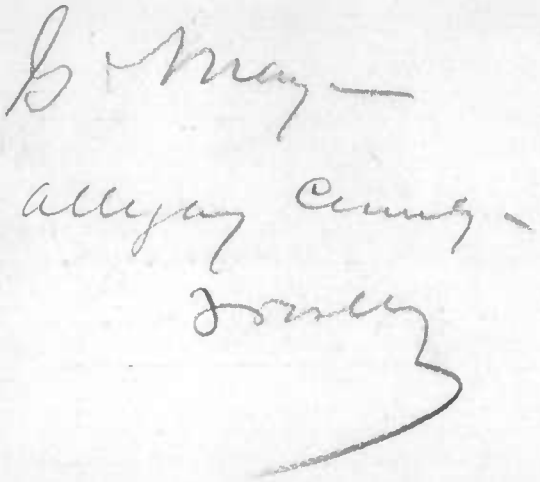
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. W. M. Lang

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A68515



Name in Full: Erwin Thomas Moreland

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rawlings — County: Allegany

Date of death 1904: Month: Aug. — Day: 13 — Age: Years — Months: 1 — Days: 23

Sex: Boy — Color or Race: White — Birthplace: Rawlings

Married, Single or Widowed: Infant — Occupation:

Name of Wife or Husband:

Father's Name: Christopher C. Moreland. — Father's Birthplace: West Virginia

Mother's Maiden Name: Mary E. Isaac — Mother's Birthplace: West Virginia

Name of person giving In formetion: Benj. L. Moreland — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion & Diarrhoea — How long: Three Days

Immediate: " — How long: " "

Are the name, ege, sex, color, date and place correctly given above? Yes

Signature of Physician: H W Hodgson

Address: Ecw Corner Sub Rustan

Accident or Suicide? Neither

LIBRARY BUREAU A68516

Name in Full: Elizabeth Morrison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: 8 — Day: 2 — Year: 1904 — Age: 84 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Lunatic Almshouse — Where Residing if not at place of death:

Married, Single or Widowed: W — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long:

Immediate: Exhaustion — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Twigg

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Dean Mealis (Mealis)

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: Aug. — Day: 28

Age — Years: 78 — Months: 11 — Days: 23

Sex: Female — Color or Race: White — Birthplace: Romney

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Salen Mealis (Mealis)

Father's Name: Peter McBride — Father's Birthplace: Philadelphia

Mother's Maiden Name: Harriet Haines — Mother's Birthplace: Philadelphia

Name of person giving information: Mr Mealis (Mealis) — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis — How long: 6 years

Immediate: Exhaustion — How long: 3 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. R. Bardsdell

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Hannah Norton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: Month: 8; Day: 1; Year: 1904

Age: 84 Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: Germany

Occupation: ~~Inmate of Almshouse~~

Where Residing If not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: Steward Almshouse

How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis

How long: 4 days

Immediate: Exhaustion

How long: 2 "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Turner M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Pearl Porter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Savage — County: Allegany

Date of death 190 4: Month: August — Day: 20

Age: Years: 5 — Months: 2 — Days:

Sex: Female — Color or Race: White — Birthplace: Md Savage

Married, Single or Widowed: —

Occupation: —

Nama of Wife or Husband: —

Father's Nama: Levi Porter — Father's Birthplace:

Mother's Maiden Nama: Lucy Delbrook — Mother's Birthplace: Pa

Name of person giving In formation: Alex Selburg — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: all life

Immediate: — How long:

Are the nama, age, sex, color, date and place correctly givan above? yes

Signature of Physician: Helen G. Murray M.D.

Address: Md Savage Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Jos. Francis Powers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190	Month: Aug	Day: 30	Age: Years: 2	Months: 8	Days:
Sex: Male	Color or Race: White		Birthplace: Frostburg Md		
Married, Single or Widowed: —	Occupation: —				
Name of Wife or Husband: —					
Father's Name: George Powers			Father's Birthplace: Frostburg Md		
Mother's Maiden Name: Lydia Hewitt			Mother's Birthplace: Frostburg Md		
Name of person giving information: George Powers			How related to deceased: Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera-Infantum — How long: 5 hours

Immediate: " " — How long:

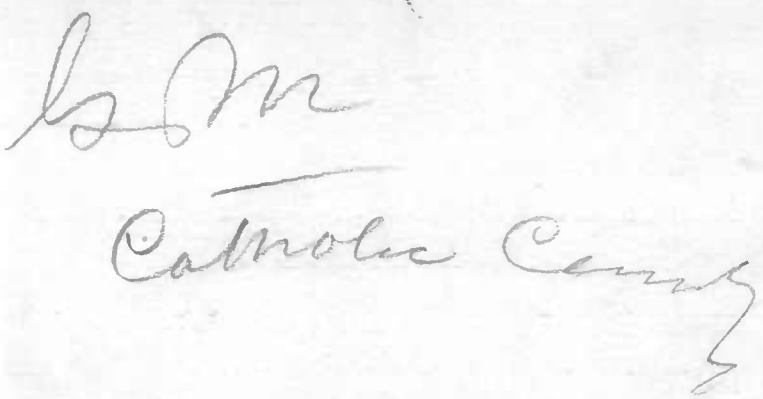
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Colby

Address: Frostburg Md

Accident or Suicide? No.

LIBRARY BUREAU ASSN'D



Name in Full: Casper Reichard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: Month: 8; Day: 30; 1904

Age: Years: 74; Months: 9; Days:

Sex: Male

Color or Race: White

Birthplace: Germany

Occupation: Merchant

Where Residing if not at place of death:

Married, Single or Widowed: Widower

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: dead

Father's Birthplace:

Mother's Maiden Name: dead

Mother's Birthplace:

Name of person giving information: Mrs Casper Reichard

How related to deceased: Daughter-in-law

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer in throat

How long: 6 mos

Immediate: General exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Wiley

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Rebecca Rexroad

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumbd — County: alleg

Date of death: Month: aug — Day: 3 — Year: 1904 — Age: Years: 31 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Wife — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband: John Rexroad

Father's Name: Jose Robertson — Father's Birthplace: Md

Mother's Maiden Name: Mary Robertson — Mother's Birthplace: Md

Name of person giving In formation: John Rexroad — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 9 months.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: James T. Johnson

Address: Cumberland, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Benjamin Rice

Died at: Town: Cumberland — County: Allegany

Date of death 1 90: Month: May — Day: 20 — Age: Years: 38 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Irons Mountain

Occupation — Where Residing if not at place of death

Married, ~~Single or Widowed~~ — Name of Wife or Husband

Father's Name: ~~George Rice~~ ~~Ellen Rice~~ — Father's Birthplace

Mother's Maiden Name: Ellen Rice — Mother's Birthplace

Name of person giving information: G S Butler — How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Killed by Street Cars — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: Dennis E O'Neil

Address

Coroner

Accident or Suicide?

LIBRARY BUREAU A68616

Name in Full: Joe Sabolik

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Little Orleans; County: Allegany

Date of death: Month: Aug. Day: 22, 1904 Years: Age 25 Months: Days:

Sex: Male Color or Race: Austrian Birthplace: Austria

Occupation: R.R. Laborer Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~ ~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —— Father's Birthplace: ——

Mother's Maiden Name: —— Mother's Birthplace: ——

Name of person giving Information: —— C. E. Fisher M.D. How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever How long: 2 weeks

Immediate: Exhaustion How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. E. Fisher M.D.

Address: Little Orleans

Accident or Suicide?

M.D.

LIBRARY BUREAU A88516

Name in Full: Anna Elizabeth Schantz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: Aug; Day: 3; Age: Years: 80; Months: 0; Days: 27

Sex: Female; Color or Race: White; Birthplace: Germany

Occupation: None; Where Residing if not at place of death:

Married, Single or Widowed: Widowed; Name of Wife or Husband: Geo Schantz

Father's Name: Henry Schantz; Father's Birthplace: Germany

Mother's Maiden Name: Martha Grantz; Mother's Birthplace: Germany

Name of person giving Imformation: Mrs Schantz; How related to deceased: Daughter in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age; How long:

Immediate: Cerebral Hemorrhage; How long: Two days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry M. Hodgson

Address: Lonaconing, Md.

Accident or Suicide? No

LIBRARY BUREAU A6818

Name in Full: Ada Schneisser

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: Month: Aug; Day: 14; Year: 1904

Age: Years: —; Months: 2; Days: —

Sex: Female; Color or Race: White; Birthplace: Emmitsburg

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Schneisser; Father's Birthplace: Baltimore

Mother's Maiden Name: Lena Shreeve; Mother's Birthplace: Maryland

Name of person giving information: Henry Schneisser; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis; How long: One month

Immediate: Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. F. Zacharias

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Orsta Seaman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Perrine — County: Allegany

Date of death 1904 — Month: Aug — Day: 21

Age — Years: — Months: 7 — Days: —

Sex: Female — Color or Race: White — Birthplace: Lonaconing

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

Father's Name: Jorge Seaman — Father's Birthplace: Wva

Mother's Maiden Name: Jennie M.. Groves — Mother's Birthplace: Bloomington W.Va

Name of person giving information: Mrs. Jos Seaman — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: Two Months

Immediate: Inanition — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. R. Rulong

Address: Lonaconing

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Charles R. Seibert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Eckhart — County: Allegany

Date of death 1904: Month: Aug: — Day: 10 — Age: Years: 27. — Months: 4 — Days: 11.

Sex: Male — Color or Race: White — Birthplace: Virginia

Married, Single or Widowed: Single — Occupation: Miner

Name of Wife or Husband:

Father's Name: John H. Seibert — Father's Birthplace: Va.

Mother's Maiden Name: Amanda J. Ellen Browne — Mother's Birthplace: Va.

Name of person giving Information: John H. Seibert — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Run over by R.R. Engine — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. F. Cumwell

Address: Eckhart Mines Md.

Accident ~~or Suicide?~~

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LIBRARY BUREAU A86516

Lollipop —

&

allejay Candy —

Smitty —

Name in Full: Mrs Catherine E Shafer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: Month: August; Day: 4; Years: 60; Months: —; Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female; Color or Race: White; Birthplace: Germany

Occupation: Wife; Where Residing if not at place of death: —

Married, Single or Widowed: married; Name of Wife or Husband: J. W. J. Shaffer

Father's Name: Deceased; Father's Birthplace:

Mother's Maiden Name: Deceased; Mother's Birthplace:

Name of person giving Information: J. W. J. Shaffer; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Cancer of the Womb; How long: 6 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Wailes

Address: Jos L Stin

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Theodore Shaw

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd County: Allen

Date of death: 1907 | Month: Aug | Day: 1 | Age: Years: — | Months: 3 | Days: 9

Sex: M | Color or Race: Col | Birthplace: Pa

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Rev D.W. Shaw | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving information: D W Shaw | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus | How long: 3 mos

Immediate: Enteritis | How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. H. Brace, M. D.

Address: Cumberland, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full ✓

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Mt. Savage — County: Ally

Date of death: Month: Aug — Day: 28 — 1904 — Age: Years: 4 — Months: ✓ — Days: ✓

Sex: Male — Color or Race: White — Birthplace: Not S

Occupation: ✓ — Where Residing if not at place of death:

Married, Single or Widowed: ✓ — Name of Wife or Husband: —

Father's Name: John Sheridan — Father's Birthplace: Mt. S—

Mother's Maiden Name: Elizabeth Heck — Mother's Birthplace: Cumbd.

Name of person giving Information: John Sheridan — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dead Born S. — How long:

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. L. Conroy

Address: Mt. Savage Ally

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: George Slack — Racine City, Racine Co.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: 8 — Day: 24 — 1904

Age: Years: 56 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Russia

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis — How long:

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. D. Darby M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A8S516

Name in Full: Geo. W. Smith

CERTIFICATE OF DEATH

Died at: Town: Frostburg; County: Allegany; MARYLAND

Date of death 1904: Month: May; Day: 19; Age: Years: 56; Months: 1; Days:

Sex: Male; Color or Race: White; Birthplace: W. Va.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Widowed; Name of Wife or Husband:

Father's Name: Lemon Smith; Father's Birthplace: W. Va

Mother's Maiden Name: Rachel Jennings; Mother's Birthplace: W. Va

Name of person giving information: Joseph B. Smith; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epilepsy; How long: One year

Immediate: Uremic Poison 1-20 D; How long: Three days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. C. Coleg

Address: Frostburg Md

Accident or Suicide: —

LIBRARY BUREAU A88516

Y Y. x Und Co

Name in Full: Mary E Somers.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: allg

Date of death: Month: aug — Day: 21 — 1904

Age: Years: 63 — Months: — — Days: -

Sex: Female — Color or Race: White — Birthplace: Fredrick Md

Occupation: wife — Where Residing if not at place of death:

Married, Single or Widowed: maried — Name of Wife or Husband: Jacob Somers.

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Dead — Mother's Birthplace:

Name of person giving information: Jacob Somers. — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Embolism — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: P B McDonald

Address: Cumberland Md

Accident or Suicide:

LIBRARY BUREAU A80516

Name in Full: Stephen W Stone

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cumberland — County: Allegany

Date of death: 1904 — Month: aug — Day: 2 — Age — Years: — Months: weeks. 2 — Days:

Sex: male — Color or Race: — Birthplace: Cumberland

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: George W. Stone — Father's Birthplace: Washington D C

Mother's Maiden Name: Mary Knight Bradford — Mother's Birthplace: " "

Name of person giving Information: George W Stone — How related to deceased: Father

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Colitis — How long: 2 weeks

Immediate: Nephritis, Uraemia — How long: " days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: James J. Johnson

Address: Cumberland, Md.

Accident or Suicide?

LIBRARY BUREAU A88S18

Name in Full: Harry Godson Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Smaeming; County: Allegany

Date of death 190 4: Month: August; Day: 22

Age: Years: —; Months: 10; Days: 12

Sex: Male; Color or Race: White; Birthplace: Smaeming

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Henry K. Taylor; Father's Birthplace: Smaeming

Mother's Maiden Name: Rebecca Green; Mother's Birthplace: Smaeming

Name of person giving Information: Henry K Taylor; How related to deceased: father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus (from Birth); How long: 10 months

Immediate: Cholera Infantum; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: James A. Bullock

Address: Smaeming Maryland

Accident or Suicide? no

LIBRARY BUREAU A88516

Name in Full: Geo Lenant

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: ____ County: ____

Date of death 1904 — Month: Aug. — Day: 27 — Years: Age 1 — Months: ____ — Days: ____

Sex: ____ Color or Race: ____ Birthplace: ____

Occupation: ____ Where Residing if not at place of death: ____

Married, Single or Widowed: ____ Name of Wife or Husband: ____

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo Lenant — Father's Birthplace: Md

Mother's Maiden Name: Jaennette McGregor — Mother's Birthplace: Md

Name of person giving Information: Mrs. Sarah Lenant — How related to deceased: Aunt

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 1 wk.

Immediate: " " — How long: ____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Brier

Address: Frostburg Md

Accident or Suicide? ____

LIBRARY BUREAU A88516

Name in Full: Charles E Thurmel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: Aug — Day: 15 — Years: 0 — Months: 10 — Days: 4

Sex: Male — Color or Race: White — Birthplace: Cumberland Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Charles Thurmel — Father's Birthplace: W Va

Mother's Maiden Name: Flora May Shaffer — Mother's Birthplace: Va

Name of person giving information: Walter — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis — How long: 2 weeks

Immediate: Exhaustion — How long: 102

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo L Broadrup

Address: Cumberland Md.

Accident or Suicide? No

LIBRARY BUREAU A88016

Name in Full: San Trebonic

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Little Orleans — County: Allegany

Date of death: Month: Aug — Day: 20 — 1904

Age: Years: 29 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Austria

Occupation: R R Laborer — Where Residing if not at place of death

Married, Single, ~~Widowed~~ — Name of ~~Wife~~ or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: C. E. Fisher — How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 1 year

Immediate: Typhoid Fever — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. E. Fisher M.D.

Address: Little Orleans Md

Accident or Suicide?

LIBRARY BUREAU A8381C

Name in Full: Francis Trousis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Kessler Cross — County: Allegany

Date of death: Month: Aug — Day: 24 — Years: 17 — Months — Days

Sex: Mail — Color or Race: White — Birthplace: Italy

Occupation: Track walker — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Brother — How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Struck by car — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D E Neel

Address: Cor

Accident or Suicide?

for B

LIBRARY BUREAU A6851G

CERTIFICATE OF DEATH

Name in Full: Margaret Minerva Updegrove

Died at — Town: Cumberland — County: Allegany — MARYLAND

Date of death: Month: Aug — Day: 6 — 1904

Age: Years: — Months: 2 — Days:

Sex: Female

Color or Race: White

Birthplace:

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: J W Updegrove — Father's Birthplace: W. Va.

Mother's Maiden Name: Anna A Doyston — Mother's Birthplace:

Name of person giving Information: J W Updegrove — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: Twenty days

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J M Owens

Address: Cumberland

Accident or Suicide?

W M Owens

LIBRARY BUREAU A88914

Name in Full: Mennevia Washington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Piedmont W Va County: Mineral

Date of death 1904: Month: 8 Day: 3 Age: Years: 45 Months: 5 Days: 19

Sex: Female Color or Race: colored Birthplace: Md

Married, Single or Widowed: Married Occupation:

Name of Wife or Husband: Mennevia

Father's Name: Abraham Galloway Father's Birthplace: Md

Mother's Maiden Name: Rebecca " Mother's Birthplace: Md

Name of person giving information: Isaac Washington How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's Disease How long: 3 months

Immediate: Uremia How long: 2 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J G Abbott.

Address: Piedmont W Va

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: W. Weisenmiller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cum — County: Alle

Date of death: Month: 8 — Day: 6 — 1904

Age: Years — Months: 2 — Days: 14

Sex

Color or Race: White

Birthplace: Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed: Single

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Weisenmiller

Father's Birthplace: Md

Mother's Maiden Name: Catherine Steinbaugh

Mother's Birthplace

Name of person giving Information: John Weisenmiller

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: 2 mos

Immediate: Enteralgia

How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. M. Brace, M. D.

Address: Cumberland, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Jennie Lee Wempe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age: Years	Months	Days
1904	May	12	—	4	—

Sex: Female

Color or Race: White

Birthplace: Emmitsburg

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Frank Wempe — Father's Birthplace: Emmitsburg

Mother's Maiden Name: Elena Reed — Mother's Birthplace: W. Va

Name of person giving Information: Mrs Reed — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis — How long: 5 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88810

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Laura L. Whitfield

Died in: Town: Lonaconing County: Allegany

Date of death 1907: Month: Aug Day: 14 Age: Years: — Months: 11 Days: —

Sex: Female Color or Race: White Birthplace: Lonaconing

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: Cambridge J. Whitfield Father's Birthplace: Westernport

Mother's Maiden Name: Martha Fazak Mother's Birthplace: Lonaconing

Name of person giving information: Mrs. C. Whitfield How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum How long: 24 hours

Immediate: Meningitis How long: 8 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Skilling

Address: Lonaconing

Accident or Suicide? No.

LIBRARY BUREAU A66510

Name in Full: Miss Mollie Hise

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany

Date of death 1904 — Month: 8 — Day: 16 — Age: Years 66 — Months: 1 — Days: 2

Sex: F. — Color or Race: W. — Birthplace: Pa.

Occupation: H. W. — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: John C. Hise — Father's Birthplace: Pa

Mother's Maiden Name: Susan Mc Mullen — Mother's Birthplace: Md

Name of person giving Information: Ella Hise — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy — How long: 12 hours.

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. G. McLane M.D.

Address: Frostburg Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Frostburg Furniture & Undertaking Co.

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Ella Pauline Wilt

TO BE ANSWERED BY NEAREST FRIEND

Died at: Piedmont — Town: — County: Mineral

Date of death 1904: Month 8 — Day 3 — Age: Years — Months 2 — Days 6

Sex: Female — Color or Race: White — Birthplace: Piedmont

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Morris Wilt — Father's Birthplace: Md

Mother's Maiden Name: Minnie Ashcraft — Mother's Birthplace: Md

Name of person giving information: Morris Wilt — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: Marasmus

Immediate: — How long: 1 Week.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. L. Wilson, M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Elsie Watts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death: Month: 1904 Aug; Day: 19

Age: Years: 7; Months: 3; Days:

Sex: Female

Color or Race: Colored

Birthplace: Frostburg Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Ben Williams

Father's Birthplace: Frostburg Md.

Mother's Maiden Name: Mary Wayls

Mother's Birthplace: Keyser, W. Va.

Name of person giving Information: Leola Nelson

How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Illis-Colitis

How long: 3 weeks

Immediate:

How long:

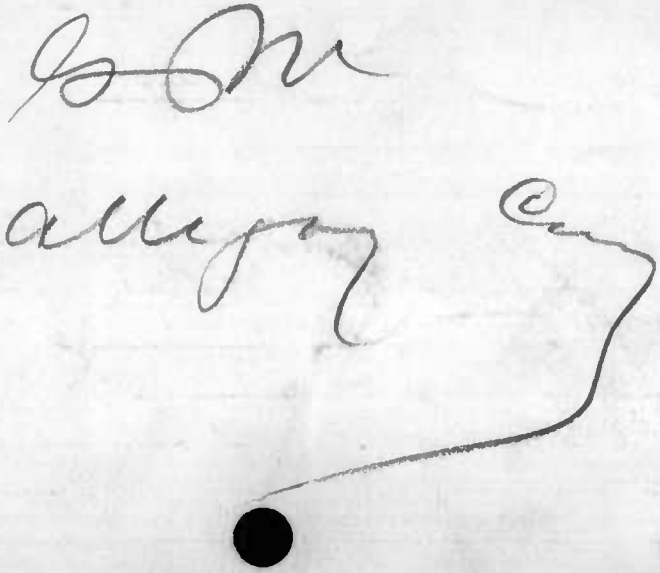
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J C Cuber

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A88516



Name in Full: Jno. Tierney Zacharias

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland | County: Allegany

Date of death 1904: Month: Aug | Day: 16 | Age — Years: — Months: 2 | Days: —

Sex: Male | Color or Race: White | Birthplace: Frederick Md

Occupation: Druggist | Where Residing if not at place of death: —

Married, Single or Widowed: Single | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving In formation | How related to deceased: —

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease of Heart | How long: 6 mos

Immediate: Acute Dilatation | How long: ~~a few days~~

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Wilson

Address: Cumberland Md

Accident or Suicide? ~~Accident or Suicide~~

X

LIBRARY BUREAU A88615

Name in Full Charles S. Zargor -

CERTIFICATE OF DEATH

MARYLAND

Died at Town Cumb'd - Md County Allegany.

Date of death 1904 Month 8 Day 3 Years Age 26 Months — Days —

Sex Male - Color or Race White Birthplace —

Occupation Tin Worker - Where Residing if not at place of death Cumb'd Md.

~~Married~~, Single or ~~Widowed~~ Name of Wife or ~~Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Dead. Father's Birthplace —

Mother's Maiden Name Mother's Birthplace

Name of person giving Information G. L. B. How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Heart - Failure How long Immediate

~~Immediate~~

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~ Dennis E O'Neal Coroner

Address

~~Accident or Suicide~~?

LIBRARY BUREAU A88515

Name in Full: Unknown Italian No 37

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: Month: Aug — Day: 7 — Year: 190 4

Age: Years: 26 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Italy

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: Italy

Mother's Maiden Name: — Mother's Birthplace: Italy

Name of person giving In formation: Unknown — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Railroad accident — How long: 2 hours

Immediate: Shock — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J M Spear

Address: Cumberland Md

Accident ~~or Suicide?~~

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